

UNITED STATES DISTRICT COURT

FOR THE

DISTRICT OF MASSACHUSETTS

FILED  
IN CLERKS OFFICE

2005 APR 13 P 3:07

U.S. DISTRICT COURT  
DISTRICT OF MASS

CHARLES BRIDGES, A BRISTOL COUNTY

HOUSE OF CORRECTION INMATE

PLAINTIFF,

VS -

ANDREW T. GALLAGHER, AND

THOMAS M. HODGSON, IS THE SHERIFF,

NAT STILLMAN AND ANDREWS, ARE

NURSE PRACTITIONERS.

DEFENDANTS.

C.A. NO. \_\_\_\_\_

05 - 10825 EFH

Referred to CH MT MB Boulh

JURY DEMAND REQUESTED

CIVIL RIGHTS COMPLAINT

This is a Civil Rights Complaint Filed by a (Pro Se),  
plaintiff presently incarcerated at The Bristol County House of Correction.  
This is a § 1983 Civil Rights Complaint alleging Constitutional and Civil  
Rights violations, protected under The Jurisdiction of This Court District  
and Federal.

JURISDICTION

This Court also has Jurisdiction under The plaintiff's Complaint  
For alleging violations of Medical Deprivation Act protected by The United  
States Constitution § 1349 - § 1314.

PARTIES

1. Plaintiff, Charles Bridges, A Bristol County House of Correction Inmate  
presently serving a Sentence of

2. Defendant, Thomas M. Hodgeson; Is The Sheriff at The Bristol County House of Correction, (B.C.H.O.C.), He is Responsible For overseeing The Orderly operation of The prison and personnel and staff Thereof. He is being Sued in his Official and Individual Capacities.
3. Defendant, Nat Stillman; Is An Agent of The Sheriff, he is The Nurse practitioner of The Bristol House of Correction (B.H.O.C.). His Duties Consists of ministering To ALL Inmates medical Complaints And injuries. He is Sued in his Official and Individual Capacities.
4. Defendant, Andrews John Doe, Is An agent of defendant Stillman, He is responsible For evaluating and Tending to all Inmates medical Complaints. He is being Sued in his individual and Official Capacities.

ALL Defendants herein named in This Complaint, have acted under "COLOR OF STATE LAW" At all Times relevant To This Complaint.

FACTS

5. On February 3, 2005, The Plaintiff Mr. Charles Bridges, Implemented an medical Complaint For and directed it To medical practitioner Mr. Nat Stillman, Who is a Defendant in The plaintiffs Complaint, Complaining of a Foot matter and requested a medicated Creme due to a Severe case of athletic Peet.
6. The plaintiff Who is diabetic, had Implemented Several medical requests Forms pleading For Immediate medical attention Concerning his over obsessive growth of his Toe nails which has and continues to affect plaintiffs mobility of walking. These requests Were denied Without any explanations whatsoever.
7. On February 4, 2005, Plaintiff Submitted another medical Complaint requesting medical attention due to an Severe eye injury he sustained during his employment as a Kitchen employee at The Jail Where he has been Since October 12, of 2004, by dangerous chemicals being splashed into The plaintiffs eyes. The plaintiff has been interviewed by The nurse practitioner Mr. Stillman, Who has refused to minister To The plaintiffs Complaints due to his unprofessionalism and The medical personnels Lack of expertise in dealing With The nature of plaintiffs injuries and medical Complaints.
8. On January 20, 2005, The plaintiff Was taking To a Outside hospital to be Seen by an eye Specialists Who prescribed The plaintiff an eye medication. Plaintiff a Former Kitchen Worker Was forced to Work in an hazardous environment, expected To handle materials That are unsanitized, Implemented in a manner That poses a health hazard To The decoration of all inmates Working in The Kitchen.

End of Facts

9.

FIRST CAUSE OF ACTION

The Defendants Hodgson, Stillman, And Andrews violated The plaintiffs' Aforementioned Rights When They Ignored his medical Requests. violated his 14<sup>th</sup> Ammendment rights To The Cruel in Unusual punishment clause To The United States Constitution and declaration of his Liberty Rights protected by State and Federal mandate.

SECOND CAUSE OF ACTION

The Defendants violated The plaintiffs' Aforementioned Rights When They Failed to act on plaintiffs' medical Complaints and Failed to properly resolve his Issues. in violation of his Liberty and Constitutional rights To The 14<sup>th</sup> Ammendment Under The Cruel in Unusual clause To The United States Constitution.

1. A. Grant damages in The Following Amounts: Punitive:

(1) \$ 10,000.00 Thousand dollars Against ALL Defendants:

(2) \$ 80,000.00 Thousand dollars Against Stillman:

B. Grant Compensatory damages in The Following Amounts:

1. \$ 5000.00 Against defendant Hodgson:

2. \$ 100,000 Against defendants Stillman and Andrews.

C. Grant Such other relief as This Court deems proper in Just.

12.

Signed Under The pains and penalties of  
perjury This 19<sup>TH</sup> Day of February of 2005.

Respect Fully Submitted,  
~~Mr. Charles Bridges (Yrs. de)~~  
Mr. Charles Bridges (Pro. Se.)  
400 Faunce Corner Road  
North Dartmouth Ma. 02747

DATED: February 19<sup>TH</sup>, of 2005.

RECEIVED  
24/05

## BRISTOL COUNTY SHERIFF'S OFFICE

## INMATE MEDICAL INQUIRY FORM

(FORWARD TO HSU ADMINISTRATOR)

SUBMIT ENTIRE  
3-PART FORM

PRESS FIRMLY

## Instructions:

- (1) In the event that an inmate is unable to resolve a medical problem or complaint informally, a formal written inquiry may be filed using this form.
- (2) Print legibly; provide all requested information; sign and date form prior to submitting. **SUBMIT ENTIRE THREE-PART FORM. YOUR PINK COPY WITH RESPONSE WILL BE RETURNED TO INMATE.**
- (3) You may inquire on your own behalf concerning a legitimate complaint or problem regarding a specific medical issue. Only one issue per inquiry; no duplicate or repetitive inquiries; no inquiries may be filed on behalf of a "class" or group of inmates.
- (4) Inquiries may be appealed to the ADS Medical Services within five (5) days using Section III below.
- (5) Do not use this form to request medical services. Please submit a sick-slip to be seen by a medical professional.
- (6) **THIS FORM IS NOT TO BE USED FOR ANY OTHER CORRESPONDENCE OR PURPOSE OTHER THAN TO FILE A MEDICAL INQUIRY TO RESOLVE A MEDICAL COMPLAINT. MISUSED FORMS AND INCOMPLETE, IMPROPERLY FILED AND REPETITIVE INQUIRIES SHALL NOT BE PROCESSED OR FORWARDED.**

\*PLEASE PRINT &amp; PRESS FIRMLY

## INMATE USE - SECTION I

INMATE NAME: Charles Bridges (Print) I.D. NUMBER: \_\_\_\_\_ DATE: 2/3/05FACILITY LOCATION (check one): DHOC ☒ Ash St. ☐ D.W.C. ☐ HOUSING UNIT/CELL #: 1-West/410 If applicable also check here I.N.S. Detainee ☐

MEDICAL INQUIRY: I am diabetic, it runs in my family and one inherent aspect of my diabetes is very bad feet. Today I was refused foot cream by P.A. Nat Stillman even after I showed him my dry and cracking feet. I would appreciate an immediate reconsideration with regards to this matter or I feel I will be forced to involve my family in this matter. Thanks You

(ATTACH ADDITIONAL PAGE IF NECESSARY)

REMEDY REQUESTED: Be issued medicated foot ointment.INMATE SIGNATURE: Charles Bridges DATE: 2/3/05

## HSU ADMINISTRATOR USE - SECTION II (Response time 10 days)

RESPONSE: On 2-3-05 you were evaluated by the PA. He advised you to increase your fluid intake, and purchase cream or powder from carleen for your feet.

HEALTH UNIT ADMINISTRATOR SIGNATURE: [Signature] DATE: 2-8-05

## INMATE RECEIPT OF DECISION/INTENT TO APPEAL - SECTION III

You have five (5) week/days to appeal this decision in writing to the ADS Medical Services.

Complete the following: I do ( ) I do not ( ) Intend to Appeal this Decision.

INMATE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## APPEAL DECISION - SECTION IV (Response time 5 days)

ADS MEDICAL SERVICES'S DECISION: AFFIRMED \_\_\_\_\_ DENIED \_\_\_\_\_ MODIFIED \_\_\_\_\_

ACTION TAKEN: \_\_\_\_\_

ADS MEDICAL SERVICES SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## DISTRIBUTION:

White - Medical Record/Medical Department  
 Canary - ADS Medical Services  
 Pink - Inmate Response Copy

C/C Peter Castanza  
 MA. Legal Services

12/01/03



## BRISTOL COUNTY SHERIFF'S OFFICE

## INMATE MEDICAL INQUIRY FORM

(FORWARD TO HSU ADMINISTRATOR)

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3-PART FORM

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\*PLEASE PRINT &amp; PRESS FIRMLY

## INMATE USE - SECTION I

INMATE NAME: <u>Charles Bridges</u>	I.D. NUMBER: _____	DATE: <u>2/3/05</u>
(Print)		
FACILITY LOCATION (check one): DMOC <input checked="" type="checkbox"/> Ash St. <input type="checkbox"/> D.W.C. <input type="checkbox"/> HOUSING UNIT/CELL #: <u>West 110</u>		
If applicable also check here I.N.S. Detainee <input type="checkbox"/>		
MEDICAL INQUIRY: <u>I am diabetic, it runs in my family, and one of my feet is very hot. Today, I was relieved that room by P.A. Mat S. I then went after I should have my foot and working foot. I would appreciate an immediate response regarding this matter or I feel I will be forced to involve my family in this matter. Thank you.</u>		
(ATTACH ADDITIONAL PAGE IF NECESSARY)		
REMEDY REQUESTED: <u>Be issued medication foot ointment</u>		
INMATE SIGNATURE: <u>Charles Bridges</u>	DATE: <u>2/3/05</u>	

## HSU ADMINISTRATOR USE - SECTION II (Response time 10 days)

RESPONSE: _____
HEALTH UNIT ADMINISTRATOR SIGNATURE: _____
DATE: _____

## INMATE RECEIPT OF DECISION/INTENT TO APPEAL - SECTION III

You have five (5) week days to appeal this decision in writing to the ADS Medical Services.

Complete the following: I do ( ) I do not ( ) Intend to Appeal this Decision.

INMATE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## APPEAL DECISION - SECTION IV (Response time 5 days)

ADS MEDICAL SERVICES'S DECISION:	AFFIRMED _____	DENIED _____	MODIFIED _____
ACTION TAKEN: _____			
ADS MEDICAL SERVICES SIGNATURE: _____			
DATE: _____			

## DISTRIBUTION:

White - Medical Record/Medical Department

Canary - ADS Medical Services

Pink - Inmate Response Copy

c/c Peter Castanza  
MA Legal Services

12/01/03



## BRISTOL COUNTY SHERIFF'S OFFICE

**INMATE MEDICAL INQUIRY FORM**  
(FORWARD TO HSU ADMINISTRATOR)**SUBMIT ENTIRE  
3-PART FORM****PRESS FIRMLY**

## Instructions:

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**\*PLEASE PRINT & PRESS FIRMLY****INMATE USE - SECTION I**

INMATE NAME: Charles Bridges (Print) I.D. NUMBER: 110916 DATE: 2/4/05

FACILITY LOCATION (check one): DHOC ☒ Ash St. ☐ D.W.C. ☐ HOUSING UNIT/CELL #: \_\_\_\_\_

MEDICAL INQUIRY: I have been informed that your refusal to submit my medical records to me (in full) is that important to an open medical discovery because as a Pro SE I don't have an attorney. I am not allowed to see my own attorney. Therefore I request in writing and signed a document stating domestic reasons for your refusal. Thank you.

(ATTACH ADDITIONAL PAGE IF NECESSARY)

REMEDY REQUESTED: Submission to me all my medical records

INMATE SIGNATURE: Charles Bridges DATE: \_\_\_\_\_

**HSU ADMINISTRATOR USE - SECTION II (Response time 10 days)**

RESPONSE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HEALTH UNIT ADMINISTRATOR SIGNATURE: \_\_\_\_\_ DATE: 2-4-05

**INMATE RECEIPT OF DECISION/INTENT TO APPEAL - SECTION III**

You have five (5) weekdays to appeal this decision in writing to the ADS Medical Services.

Complete the following: I do ( ) I do not ( ) Intend to Appeal this Decision.

INMATE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**APPEAL DECISION - SECTION IV (Response time 5 days)**

ADS MEDICAL SERVICES'S DECISION: AFFIRMED \_\_\_\_\_ DENIED \_\_\_\_\_ MODIFIED \_\_\_\_\_

ACTION TAKEN: \_\_\_\_\_

ADS MEDICAL SERVICES SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**DISTRIBUTION:**

White - Medical Records/Medical Department

Canary - ADS Medical Services

Pink - Inmate Response Copy

c/c Peter Costanza (Documentation)  
Ma. Legal Serv.

12/01/03



GENERAL

<b>Bristol County Sheriffs Office - 0037</b>		<b>SITE PHONE #</b> 508-995-6410	<b>SITE FAX #</b> ( ) -
<b>Inmate Name Last</b> BRIDGES	<b>First</b> Charles	<b>M.I.</b>	<b>Today's Date</b> 01/15/05 (mm/dd/yy)
<b>Alias Inmate Name Last</b>	<b>First</b>	<b>M.I.</b>	<b>Birth Date</b> 04/03/58 (mm/dd/yy)
<b>Inmate Number</b> 110916	<b>SS Number</b> 016507469		<b>PHS Custody Date</b> 10/13/04 (mm/dd/yy)
<b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Will there be a charge for this office visit?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Potential Release Date</b> 04/03/06 (mm/dd/yy)

**Requesting Provider**  
Andrews

Place a check mark (✓) in the Service Type requested (one only) AND complete additional applicable fields.

<input checked="" type="checkbox"/> Office Visit (OV)	<input type="checkbox"/> Outpatient Surgery (OS)
<input type="checkbox"/> X-ray (XR)	<input type="checkbox"/> Dialysis (DI)

**History of illness/injury with date of onset:**

Kitchen worker spread  
in eyes with shrapnel plus  
flushing for eye ltr.  
to exam

**Specialist referred to:** Eye Health

**Is this the initial evaluation / visit?** ☐ Yes ☒ No

**Estimated Date of Service:** 01/20/05 (mm/dd/yy)

**First Eval Date:** / / (mm/dd/yy)

**Last F/U Date:** / / (mm/dd/yy)

**Surgery? (date)** / / (mm/dd/yy)

**Results of complaint directed physician exam with objective finding:**

Dx: keratitis  
To follow up in 2 days

**Please list any additional services that may be included in this visit:**

**Type of Treatment, Procedure or Surgery Requested:**  
A/u w ophthalmologist

**Previous treatment and response: (include meds)**

12101: to Dr Odell

**MULTIPLE VISITS:** # of visits:

**Therapy Days (Dialysis, PT/OT/ST):** (Check box for days visits are scheduled)

☐ M ☐ T ☐ W ☐ TH ☐ F ☐ S ☐ SU

☐ See Attached

★ You must include copies of all pertinent lab, X-rays, and specialty consult reports with this form.

**UM DECISION:** ☐ Approved ☐ Via Protocol

☐ Alternative Treatment Plan

☐ More Information Requested

★ Regional Medical Director signature and printed name required:

(Signature) \_\_\_\_\_ Printed Name: \_\_\_\_\_ DATE: / / (mm/dd/yy)

Do not write below this line. For Case Manager and Corporate Data Entry ONLY.

<b>Cert. Type:</b>	<b>Med Class</b>	<b>CPT Code</b>	<b>UR Auth #</b>
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To: Clerk of Court, Civil:  
United States District Court  
District of Massachusetts  
One Court House Way, Suite 2300  
Boston, MA. 02118

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IN CLERK'S OFFICE 2005

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U.S. DISTRICT COURT  
DISTRICT OF MASS

05 - 10825 EFH

COVER SHEET

Enclosed please find plaintiff's original 3 1983 Civil  
Rights Complaint, and motions To Waive all Filing Fees,  
and Motion For Appointment of Counsel.

Due to The Seriousness of plaintiff's Complaints  
and Emergency Issues, Can you kindly document The  
Plaintiff's Complaint as soon as business hours would  
allow you too. Copy of letters enclosed.

Thank you!

Sincerely,

Mr. Charles Bridges (Pro Se)

MR. Charles Bridges (Pro Se)

400 - Faunce Corner Road

North Dartmouth MA. 02747